

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004394

1. Entity Name
**AMERICAN FRIENDS OF KOLLEL ZICHRON SHIMON,
INC.**



Principal Place of Business

**860 GATEWAY
HILLSIDE, NJ 08701**

Mailing Address

**3991 M 41ST COURT
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
22-3743356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOBOL, EPHRAIM
3991 NORTH 41ST COURT
HOLLYWOOD, FL 33021**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDP
SOBOL, EPHRAIM
3991 NORTH 41ST COURT
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RUBIN, ALAN
25 ROCKWOOD PLACE
ENGLEWOOD, NJ 07631**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
POMBECK, SETH
860 GATEWAY
HILLSIDE, NJ 08701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000175749
01/10/05-80063-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone